

MEMORIAL HOSPITAL

PANAMA CITY, FLORIDA

DATE Sept 28 1951

NAME Mr. Howard J. Carlisle

ADDRESS _____

TELEPHONE_____

ALL BILLS ARE PAYABLE WEEKLY IN ADVANCE

PAUL J. Mc DONALD

SHOULD THIS STATEMENT BE IN ERROR, KINDLY SO ADVISE, THAT WE MAY RECTIFY IT

PANAMA CITY, FLORIDA

DATE _____

195

NAME Mr. Howard Sept 21 -

ADDRESS Carroll

TELEPHONE_____

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